

## DeAR-GP®

Dementia Assessment Referral to GP

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Dear GP/Healthcare Professional,

Re: Patient name: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Care Home: \_\_\_\_\_ Phone: \_\_\_\_\_

DeAR-GP (Dementia Assessment Referral to GP) is a simple case finding tool which has been developed by the Health Innovation Network (the Academic Health Science Network for South London) to assist primary and secondary care practitioners to identify residents with possible dementia in the care home sector. Care home workers are trained and encouraged to use DeAR-GP if they are concerned a resident may have dementia.

Staff at the above care home have been concerned about the above patient and have used the case finding tool, the results of which can be seen overleaf. Staff may collect further information and – if available – this information is documented overleaf on the observation chart.

We stress this is not a screening tool: staff are instructed only to use it with those residents who display signs or symptoms raising concern. Furthermore, identification by using this case finding tool does not confirm a diagnosis and is not a diagnostic exercise.

We thank you for reviewing the results and considering further action, as appropriate.

[Name]

[Job title]

[Organisation]

**Residents must give verbal consent to having their memory assessed in this way**

Resident: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Today's date:

Care home: \_\_\_\_\_ Care worker: \_\_\_\_\_

**1**

**Must be answered "YES" to continue to section 2 and 3:**

Does this resident show signs of confusion or memory problems?

**YES / NO**

**2**

Observed in last 3 months	Often	Sometimes	Rarely	Never
Forgetting things				
Repeating themselves				
Disorientated				
Restless				
Wandering				
Needs prompting with basic tasks (dyspraxia and agnosia - see guidance info)				
Speech and language problems				
Withdrawn				

Other (specify)

If the resident does not appear to have capacity, finish here and submit it to the GP or memory nurse without section 3.

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**For more information, see the FAQs.**

Once completed, store this form in the agreed place for the review by the GP or other healthcare professional when they attend

**3**

Question	Answer
How old are you?	
What is your date of birth?	
Where are we now?	
What is the year?	
Score:	
Less than 4 is abnormal	<b>/4</b>



Health Innovation Network South London

